

PIP Benchmark 1B.1- Evaluate the Case Review Process for Casework Decision Making

PIP item: 1B.1.1 and 1.2 Provide training on the refined case review processes setting expectations as related to family outcomes.

Objective: Develop a strategic plan for internal case work decision making in the areas of investigation, in-home service cases and foster care cases to improve safety, permanency and well-being outcomes for families.

Interface with existing initiatives: This strategic plan is part of the work outlined in the PIP. It supports the IV-B state plan, infuses the Casey Roundtable Process into case work decision making, streamlines COA requirements and incorporates high risk protocols into investigative process.

Implementation Process

Introduction- During the CFSR on-site review conducted in Kentucky, reviewers found evidence of many different types of case reviews and case consultations occurring in case records. Upon comparison of the cases with case reviews/case consultations, reviewers did not see a positive impact on the outcome for the case. It was determined that an evaluation of the case review process was needed to assess opportunities to improve outcomes through case consultation.

Identifying area of focus- Initial conversations were held with the National Resource Center on Organizational Improvement to assess how to approach this task. A master list of case reviews, timeframes, mandates and participants was developed to serve as the starting point for the work to be done in Kentucky on improving outcomes through case consultation. Once this master list was developed several phone conferences were held with the NRCOI to discuss next steps and to develop a plan to move forward. During this evaluation, it was determined that the state would focus on streamlining the internal case review process. Many existing consultations were internal to the child welfare agency and were not mandated by state law. Additionally, the internal case consultations tended to be event or crisis driven and were less comprehensive in nature. External case consultations were almost exclusively mandated by state law and were not open to revision.

Information gathering- During the months of September and October of 2010, two regional focus groups with identified Service Region Clinical Associates (one meeting in the west and one in the east) were conducted. Leadership from the Division of Protection

and Permanency and the Division of Service Regions facilitated the meetings. During the focus groups, participants discussed current strategies being used to provide case consultation and decision making support during investigations, in-home open cases and out of home case cases. Participants were also asked to articulate their ideas on how to improve the efficiency of case consultation that would result in better outcomes for children and families. A third focus group was conducted with central office branch managers and director's office staff following a similar format to those focus groups held with regional leadership. Once the focus groups were conducted, information gathered was compiled into one working document to serve as the basis for the strategic planning meeting to be held with department leadership.

Planning- A Strategic Planning Meeting was held on November 3-4, 2010 at Natural Bridge State Resort Park. The goal of the meeting was to develop a strategic plan for clinical oversight and casework decision making using the information obtained from the focus groups. The plan that emerged from this discussion focused on when the regional reviews were to occur, what content would be covered, who from regional office will be involved (and take the lead on follow up) and how the information will be folded in to casework. The objective, to improve outcomes for families and the goals of the refined consultation were reiterated:

- to slow down the process in order to obtain the richest picture of the family possible,
- to provide coaching and guidance on expected practice; and
- to follow up on recommendations.

Policy and Practice modifications- Once consensus was reached with department leadership, standards of practice were modified to reflect the new processes and templates were developed to support implementation. See part 2 for investigative consultation, part 3 for in-home consultation and part 3 for OOHC case consultation. The refined case consultations were rolled out on the following timeline:

Investigative Consults-

Policy sent out for field review- December 20th

Comments due-January 14th

Issue and effective-February 1st

Hold conference calls with each individual region to discuss implementation plans, provide support and TA- March 1st -4th and ongoing as needed

OOHC Consults-

Policy sent out for field review- February 21st

Comments due-March 4th

Issue and effective-March 15th

Hold conference calls with each individual region to discuss implementation plans, provide support and TA- April 12th -15th

In-home Consults-

Policy sent out for field review-March 21st

Comments due-April 1st

Issue and effective- June 1st

Hold conference calls with each individual region to discuss implementation plans, provide support and TA- August 2011

Training- A statewide training was held on April 21st, with regional management on the refined case consultation process. The refined case consultation process was modeled for both investigations and open CPS cases. The objective, to improve outcomes for families and the goals of the refined consultation were reiterated:

- to slow down the process in order to obtain the richest picture of the family possible,
- to provide coaching and guidance on expected practice; and
- to follow up on recommendations.

Regions were asked to bring two cases that need a regional case consultation to practice the new process. All components of the refined case consultation process have been folded in to statewide training provided to both new and tenured workers and supervisors.

Ongoing support and Technical assistance- Three primary mechanisms have been developed to provide on-going follow up and technical assistance to the field. 1- Technical assistance will be provided in the field offices by select central office staff. The select central office staff were trained on May 6th to discuss missions, vision and delivery of technical assistance. These staff will also regularly meet to discuss issues arising during the consultations and their findings will be presented to leadership for problem solving as needed. 2- To ensure continuity of message and reinforce priorities, all central office policy analysts and specialists will be utilizing the consultation format when providing case consultation to field staff on case. 3- Lastly, the case consultation content was cross-walked with the existing case review tool, used to measure the PIP efforts, in order to demonstrate the relationship and continuity between the consultation content and the case review content.

Evaluation of efforts- A follow up meeting will be held with department leadership on October 2011 to discuss the impact of the refined process and develop further refinements as needed. CQI case review data will be collected for questions that have been cross-walked with the consultation questions. Data from January 2011 will be compared to data from September 2011 to identify possible impact. Identified central office staff will support consultation and participate to assess their impressions of how comprehensively the workers:

- Assess and articulate the risks and safety issues,
- Engage the family in a strengths based approach and
- Based upon the assessment, align decision making with service provision bringing cases to closure timely.